

**DEPARTMENT OF ACCOUNTS  
ACCOUNTS RECEIVABLE SECURITY AUTHORIZATION REQUEST**

**Requested Accounts Receivable Action:** New

**Date:**

**Authorized User Name:**

**Primary Agy No:**

**Primary Agy Name:**

**Tele. No:** (    )

**Extension:**

List other Agency Number(s) for which you will key data:

After completing this form, Email form to AcctsRecv@doa.virginia.gov or fax to (804) 225-2430.

By signing below, I hereby certify that I will not allow another individual to know and/or utilize my access to Accounts Receivable Data Entry Application.

\_\_\_\_\_  
Type in Electronic Signature

\_\_\_\_\_  
Last Five Digits of SSN

\_\_\_\_\_  
E-Mail Address:

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**To be completed by the Department of Accounts**  
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**Request Status:**    ☐ **Approved**  
                              ☐ **Denied**  
                              ☐ **Pending**

**Comments:**

\_\_\_\_\_  
**DOA Accounts Receivable Security Officer**

\_\_\_\_\_  
**Date**